

The first global ranking of palliative care reveals that more than half of the world has no access to basic services.

- ATLANTES Global Observatory of Palliative Care at the University of Navarra publishes the *World Map of Palliative Care*, analyzing and comparing the situation in 201 countries. Spain ranks 28th, behind Uganda.

Pamplona, October 9, 2025. More than half of the world's countries lack access to basic palliative care services. This is revealed by the **World Map of Palliative Care**, promoted by the **ATLANTES Global Observatory of Palliative Care** at the **Institute for Culture and Society (ICS)** of the **University of Navarra**—the study, led by Drs. **Carlos Centeno** and **Vilma Tripodoro** include the first global ranking in this field, gathering information from **201 countries and territories**. The findings present a concerning picture marked by inequality: countries with higher levels of socioeconomic development tend to concentrate the majority of the world's palliative care systems.

The study, published in the *Journal of Pain and Symptom Management*, was conducted using a rigorous methodology aligned with the parameters of the **World Health Organization (WHO)**, of which ATLANTES is a collaborating center. It was also supported by the **Worldwide Hospice Palliative Care Alliance (WHPCA)**. Its launch coincides with World Hospice and Palliative Care Day (October 11), whose theme this year is “Achieve the Promise: Universal Access to Palliative Care.”

The global map evaluated 14 indicators that analyze palliative care across six dimensions: community empowerment, health policies, research, education, use of essential medicines, and the provision of palliative care for adults and children. Results classify countries into four levels of development: emerging (40%), progressing (28%), established (17%), and advanced (14%).

Spain Behind Uganda

The ranking, unprecedented until now, is led by **Germany**, followed by the **Netherlands** and **Taiwan**. At the bottom, ten countries share last place: Antigua and Barbuda, Mali, Mauritania, Nauru, Niger, St. Kitts and Nevis, Saint Vincent and the Grenadines, Suriname, Tuvalu, and Yemen. “This is a groundbreaking classification: for the first time, there is a global ranking of palliative care with comparative data. And it is not just a static map. It shows which countries are ahead, who is progressing, and who is falling behind,” explain the researchers.

Spain, ranked as advanced, holds position 28, behind **Uganda**—one of the major exceptions in the ranking, along with **Thailand**, which reaches position 12. Overall, most countries with a higher Human Development Index (HDI) have advanced-level palliative care systems, while those classified as lower-income countries are found at the emerging level. However, the cases of Uganda and Thailand, despite significant economic limitations, “show that political will, local strategies, and targeted investment can partly break the structural correlation,” note Centeno and Tripodoro.

The study highlights **regional benchmarks**, showing that “with strategy, leadership, and adapted community models, progress is possible even without the resources of high-income countries. These cases prove that progress does not depend exclusively on national wealth, but also on political decisions, innovation, and the commitment to community empowerment.”

In Spain's case, **strengths** include its regulatory and policy framework, access to essential medicines, broad service coverage, and international leadership in research. However, critical **areas for improvement** remain. Territorial inequalities persist, as coverage and quality of services vary across autonomous communities. Integration into primary care is another challenge: while collaboration exists, it is not systematically consolidated nationwide. Strengthening academic and professional training for doctors, nurses, and other health professionals is also needed. Additionally, research promotion remains limited compared to other medical areas, and pediatric care requires greater attention. The study reveals that, although pioneering teams exist, there is still no homogeneous coverage across the country.

The research warns that "health-related suffering will increase by almost 90% between now and 2060 if palliative care is not expanded. The problem will be much greater within a generation if no action is taken." The results also point to **key levers** that countries can develop to improve their situation in palliative care: promoting strong public policies; ensuring access to essential medicines, particularly oral morphine in primary care; reinforcing academic and professional training; guaranteeing hospital, home, and community coverage, including pediatric care; and involving families, caregivers, and civil associations in planning and defending the right to receive palliative care.

The study highlights countries that, within their socioeconomic context, can serve as **guides**, such as Germany, the Netherlands, the United Kingdom, Australia, Chile, Uruguay, Costa Rica, Uganda, and Thailand. It also reveals **setbacks** in Israel, Canada, Liechtenstein, Romania, and Mongolia. "While positive experiences exist that can guide other countries, progress should not be taken for granted. Gains can be lost if public policies and investment are not sustained," the researchers emphasize.

Alongside the Global Map of Palliative Care, ATLANTES is also publishing a series of **regional palliative care atlases** this year. So far, those for the Asia-Pacific, Europe, and Africa regions have been released. In the coming weeks, atlases for the Eastern Mediterranean and the Americas will be presented. Both will provide practical tools for awareness and advocacy, utilising maps and graphics to contribute to the development of public policies.

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